State PBM Reform Inventory

Updated October 2026

Maine

Issue	Summary	Citation
Licensing/Registration	A person may not act as a PBM in Maine without first obtaining a license from the superintendent and paying the licensing fee required under section 601, subsection 28-A. Licenses shall be valid for 3 years. The superintendent may issue a PBM license subject to restrictions or limitations, including the type of services that may be supplied or the activities in which the PBM may engage.	Me. Rev. Stat. Ann. tit. 24-A § 4348
Reporting Requirements	Beginning December 31, 2026, and annually by December 31 thereafter, a carrier, or a PBM under contract with a carrier, operating in the State shall certify to the superintendent that it has complied with the requirements of s. 4350-F, related to spread pricing. On or before February 15 of each year, Maine's Health Data Organization shall produce a list of drug product families for which it intends to request pricing component data from manufacturers, wholesale drug distributors, and PBMs. The organization shall consider drug product families that include prescription drugs: • With substantial drug price changes, and • The 25 costliest drugs, the 25 most frequently prescribed drugs in the State, and the 25 drugs with the highest year-over-year cost increases. Not sooner than 30 days after publicly posting the list of drug product families, the organization shall send a request for information from manufacturers, wholesale drug distributors, and PBMs. Within 60 days from the date of a request from the organization relating to a specific prescription drug, a manufacturer, wholesale drug distributor or PBM shall notify the organization of pricing component data per pricing unit of the prescription drug.	Me. Rev. Stat. Ann. tit. 24-A § 4350-F; Me. Rev. Stat. Ann. tit. 22 § 8732

PBM Income	**Spread Pricing:** A carrier or PBM may not, either directly or through an intermediary, agent or affiliate, engage in, facilitate, or enter into a contract with another person involving spread pricing in this State. This section does not apply to MaineCare (Medicaid).	Me. Rev. Stat. Ann. tit. 24-A § 4350-F
Pharmacy Contracting	**MAC Pricing:** • Single MAC list. A carrier, or a PBM under contract with a carrier, shall use a single MAC list to establish the maximum amount to be paid by a health plan to a pharmacy provider for a generic drug or a brand-name drug that has at least one generic alternative available. A carrier, or a PBM under contract with a carrier, shall use the same MAC list for each pharmacy provider. • Listing of prescription drug. A MAC may be set for a prescription drug, or a prescription drug may be allowed to continue on a MAC list, only if that prescription drug: o Is rated as "A" or "B" in the most recent version of the United States Food and Drug Administration's "Approved Drug Products with Therapeutic Equivalence Evaluations," also known as "the Orange Book," or an equivalent rating from a successor publication, or is rated as "NR" or "NA" or a similar rating by a nationally recognized pricing reference; and o Is not obsolete and is generally available for purchase in this State from a national or regional wholesale distributor by pharmacies having a contract with the PBM. • Changes to MAC list. A carrier, or a PBM under contract with a carrier, shall establish a process for removing a prescription drug from a MAC list or modifying a MAC for a prescription drug in a timely manner to remain consistent with changes to such costs and the availability of the drug in the national marketplace. • Disclosure. With regard to a pharmacy with which the carrier, or the PBM under contract with a carrier, has entered into a contract, a carrier, or a PBM under contract with a carrier, shall: o Upon request, disclose the sources used to establish the MACs;	Me. Rev. Stat. Ann. tit. 24-A § 4350

	○ Provide a process for a pharmacy to readily obtain the maximum allowable payment available to that pharmacy under a MAC list; and ○ At least once every 7 business days, review and update MAC list information to reflect any modification of the maximum allowable payment available to a pharmacy under a MAC list used by the carrier or the PBM under contract with a carrier. • Appeal procedure. A carrier, or a PBM under contract with a carrier, shall provide a reasonable administrative appeal procedure, including a right to appeal that is limited to 14 days following the initial claim, to allow pharmacies with which the carrier or PBM has a contract to challenge MACs for a specified drug. • Resolution of appeals. A carrier, or a PBM under contract with a carrier, shall respond to, investigate and resolve an appeal within 14 days after the receipt of the appeal. The carrier or PBM shall respond to an appeal as follows: ○ If the appeal is upheld, the carrier or PBM shall make the appropriate adjustment in the MAC and permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question; or ○ If the appeal is denied, the carrier or PBM shall provide the challenging pharmacy or pharmacist the NDC from national or regional wholesalers of a comparable prescription drug that may be purchased at or below the MAC. • AWP; use of a prescription drug not on MAC list. A carrier, or a PBM under contract with a carrier, shall use the AWP to establish the maximum payment for a brand-name drug for which a generic equivalent is not available or a prescription drug not included on a MAC list. In order to use the AWP of a brand-name drug or prescription drug not included on a MAC list, a carrier, or a PBM under contract with a carrier, must use only one national drug pricing source during a calendar year, except that a carrier, or a PBM under contract with a carrier, may use a different national drug pricing source if the original pricing source is no longer available. A carrier, or a PBM under contract with a carrier, shall use the same national drug pricing source for each pharmacy	

	provider and identify on its publicly accessible website the name of the national drug pricing source used to determine the AWP of a prescription drug not included on the MAC list.	
Patient Cost-Sharing	**Maximum Cost-Sharing Levels:** A carrier or PBM may not require a covered person to make a payment at the point of sale for a covered prescription drug in an amount greater than the least of: • The applicable cost-sharing amount for the prescription drug; • The amount a covered person would pay for the prescription drug if the covered person purchased the prescription drug without using a health plan or any other source of prescription drug benefits or discounts; and • The total amount the pharmacy will be reimbursed for the prescription drug from the PBM or carrier, including the cost- sharing amount paid by a covered person. **Copay Adjustment Programs:** When calculating a covered person's contribution to any applicable cost-sharing or other out-of-pocket expense under a covered prescription drug benefit, a carrier or PBM shall give credit for any waiver or discount of, or payment made by a third party for, the amount of, or any portion of the amount of, the applicable cost-sharing or other out-of-pocket expense for the covered prescription drug that is either: • Without a generic equivalent; or • With a generic equivalent when the covered person has obtained access to the covered prescription drug through prior authorization, a step therapy overrides exception or other exception or appeal process. A third party that pays as financial assistance any amount, or portion of the amount, of any applicable cost-sharing or other out-of-pocket expenses on behalf of a covered person for a covered prescription drug: • Shall notify the covered person prior to or within 7 days of the acceptance of the financial assistance of the total amount of assistance available and the duration for which it is available; and	Me. Rev. Stat. Ann. tit. 24-A §4349; Me. Rev. Stat. Ann. tit. 24-A §4317-C

	• May not condition the assistance on enrollment in a specific health plan or type of health plan, except as permitted under federal law. For high-deductible health plans, this requirement shall only apply after a covered individual meets the minimum cost-sharing amount needed to remain HSA-eligible. **Copay Cap:** A carrier that provides coverage for prescription insulin drugs may not impose any deductible, copayment, coinsurance or other cost-sharing requirement on an enrollee for that coverage that results in out-of- pocket costs to the enrollee that exceed $35 per prescription for a 30- day supply of covered prescription insulin drugs, regardless of the amount of insulin needed to fill the enrollee's insulin prescriptions.	